

## APPLICATION FOR PERSONAL PROTECTION OFFICER (BODY GUARD) AUTHORIZATION

- I am at least 21 years of age.
- I am not addicted to drugs or alcohol, have never been arrested, charged, indicted, entered into a pre-trial diversion agreement, placed on deferred adjudication, placed on probation or convicted of any Class A misdemeanor or felony, or Class B misdemeanor within the last (5) five years.
- I am mentally competent, and, if in the military, I was discharged under honorable conditions.
- I will not carry a concealed firearm unless I apply for and receive a personal protection officer authorization from the Private Security Bureau.

**Please complete and submit the following items:**

1. **\$50.00** Application Fee + **\$5.00** Subscription Fee= **\$55.00**
2. Level Four Personal Protection Officer Certificate of Completion
3. Completed Declaration of Psychological and Emotional Health
4. Current handgun proficiency certificate (within last 90 days)

**Note: Fee(s) submitted by mail, must also have a PSB-50 form attached.**

**Qualifications:**

1. Employed by a licensed guard or investigations company
2. Completed PSB Levels 2, 3 and 4 training courses
3. Currently have, or are applying for a security officer commission

**Fees submitted to the Private Security Bureau are not refundable or transferable.**

**Employment Hours:** ( ) Full Time ( ) Part Time

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**PLEASE TYPE OR PRINT CLEARLY**

**Company Name:** \_\_\_\_\_ **Company License Number:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **Company Phone:** \_\_\_\_\_  
Number & Street City State Zip area code + number

**Social Security Number:** \_\_\_\_\_ **TX Driver License or TX ID:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First MI

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Number & Street City State Zip area code + number

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City/State or Country

**Sex (circle one):** 1. Male 2. Female **Height/Weight:** Feet: \_\_\_\_\_ Inches: \_\_\_\_\_ Pounds: \_\_\_\_\_

**Eyes (circle one):** 1. Blue 2. Brown 3. Gray 4. Hazel 5. Green 6. Black

**Hair (circle one):** 1. Black 2. Red 3. Gray 4. Brown 5. Blonde 6. Bald

**Race (circle one):** 1. White 2. Black 3. Spanish 4. Amer. Indian 5. Asian 6. Other \_\_\_\_\_

**List any alias you have used:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section must be completed by the Qualified Manager or Owner**

I hereby verify that the above applicant began employment in a position that requires registration with my company on:

\_\_\_\_\_  
**Applicant's Date of Employment**

I am requesting that the above applicant be issued a personal protection authorization with my company as my employee.

**Qualified Manager or Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTICE: THIS IS A GOVERNMENTAL RECORD.**  
**ANY FALSE ENTRY MADE ON THIS DOCUMENT COULD BE CONSIDERED A CRIMINAL VIOLATION.**